

# Wisconsin Department of Regulation & Licensing

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## PHARMACY SELF-INSPECTION REPORT

APPLICANT NAME: \_\_\_\_\_

DBA NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (    ) \_\_\_\_\_

HOURS: \_\_\_\_\_

\_\_\_\_\_ Change in Ownership\*  
\_\_\_\_\_ New Location\*  
\_\_\_\_\_ Remodeled\*\*  
\_\_\_\_\_ Reinspection  
\*(Proposed opening date)  
\*\*(proposed remodel start date)

**PERSONNEL** (Indicate full or part-time for each pharmacist listed.)

Managing Pharmacist: \_\_\_\_\_ R#: \_\_\_\_\_

Other Pharmacist(s): \_\_\_\_\_ R#: \_\_\_\_\_

\_\_\_\_\_ R#: \_\_\_\_\_

Date Compliance Date (actual or anticipated in no event later than opening date)

- \_\_\_\_\_ 1. Pharmacy Label (contains all required information)
- \_\_\_\_\_ 2. Professional service area \_\_\_\_\_ Sq. Ft.
- \_\_\_\_\_ 3. Professional service area where Pharmacist is absent. See Phar 6.04(3)
- \_\_\_\_\_ 4. RX counter surface area \_\_\_\_\_
- \_\_\_\_\_ 5. Sink
- \_\_\_\_\_ 6. Hot and cold running water
- \_\_\_\_\_ 7. Suitable soap or detergent
- \_\_\_\_\_ 8. Disposal container for waste
- \_\_\_\_\_ 9. Secure narcotic storage or dispersed throughout stock
- \_\_\_\_\_ 10. Centrally monitored alarm system
- \_\_\_\_\_ 11. Operational refrigerator
- \_\_\_\_\_ 12. Sufficient storage space
- \_\_\_\_\_ 13. Proper storage of exempted narcotic preparations & poisons
- \_\_\_\_\_ 14. Electronic balance having sensitivity consistent with Phar 6.06(1a)
- \_\_\_\_\_ 15. Equipment of appropriate design and size for intended pharmacy practice and compounding
- \_\_\_\_\_ 16. Supply of glass metric graduates - 5 ml. to 100 ml.
- \_\_\_\_\_ 17. Supply of wedgewood and glass mortars and pestles
- \_\_\_\_\_ 18. Spatulas - \_\_\_\_\_ supply of stainless steel \_\_\_\_\_ 1 non-metallic
- \_\_\_\_\_ 19. Funnels
- \_\_\_\_\_ 20. Heating apparatus
- \_\_\_\_\_ 21. Exempt Narcotic Register - Schedule V
- \_\_\_\_\_ 22. Poison Register
- \_\_\_\_\_ 23. Current certificates posted
- \_\_\_\_\_ 24. a) Prescription files, sec. 450.11(2), Stats.  
b) Controlled Substance RX Files, Wis. Admin. Code, sec. Phar 8.03(2)  
c) Medication profile, Wis. Admin. Code, sec. Phar 7.07

## AFFIDAVIT OF APPLICANT

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

\_\_\_\_\_  
Managing Pharmacist Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

by \_\_\_\_\_

**S E A L**

\_\_\_\_\_  
Notary Public, State of Wisconsin

My commission expires: \_\_\_\_\_